
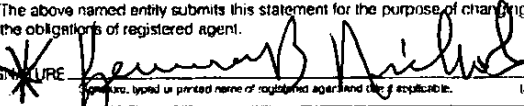


**FILED**  
**Jul 26, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90127 049 \*\*\*150.00  
 07-26-2005 90026 004 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**50057697**

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P04000046541</b>  |   |   |  |                |  |
| 1. Entity Name<br><b>WATER WATER OF THE KEYS, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>5176 US 1<br/>STOCK ISLAND, FL 33040</b>  |   |   | Mailing Address<br><b>PO BOX 323<br/>SUMMERLAND KEY, FL 33042</b>  |   |  |
| 2. Principal Place of Business  |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.  |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number <b>20-0855791</b>   |  |
|   |   |   |  | Applied For<br>Not Applicable   |  |
|   |   |   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |   |   | 7. Name and Address of New Registered Agent  |   |  |
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145  |   |   | Name <b>KENNETH NICHOLS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5176 US 1</b><br>City <b>STOCK ISLAND</b> FL Zip Code <b>33040</b> |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE  DATE <b>7-22-05</b><br><small>(Signature, typed or printed name of registered agent and date is applicable. (NOTE: Registered Agent's signature required when reappointing))</small>  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSD<br>NICHOLS, KENNETH B<br>5176 US 1<br>STOCK ISLAND, FL 33040 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>NICHOLS, BONNIE-LOU<br>5176 US 1<br>STOCK ISLAND, FL 33040 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |  |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  |   |  |